



CITY OF COSTA MESA, CALIFORNIA

Purchase Requisition

(Leave Blank for Time Stamp)

Purchase Order
Number
(Assigned by Purchasing)

Business Unit: CITY Date Requisitioned: 8/11/14
Department: Development Svs Division: HCD
Ship To Address: 77 Fair Dr, 2nd Flr
Contact Person: Silvia Kennerson Phone Number: 5023
Send Copy of P.O. to: ☒ Contact Person and / or _____

- ☒ Request is for Budgeted item(s)
☐ Request is for **UNBUDGETED** item(s)-(Memo Attached)
☐ Item(s) Pending Budget Amendment Request # _____
☐ Requesting Sole Source (Justification Form Attached)
☐ Fixed Asset Tag Request

Item No.	Qty	Unit	Items (Give Full Description: Size, Catalog No. Etc.)	Unit Price	Estimated Amount
1	1	EA	Contract Between The City and Mike Linares, Inc. Commencing		\$ 85,000.00
			9/2/14 & Ending 6/30/15 With Four (4) One (1)Year Options to Renew		
			To Provide CDBG/HOME Program Services, Not to Exceed \$85,000.		

If additional lines are needed, please attach a second sheet

Const./Prof. Svs. Agmt. Completion Date: _____

Sales Tax (8.00%):

Include Shipping Fee:

Insurance Required: ☒ Yes (Certificate attached) ☐ No

Estimated Total Cost: \$ 85,000.00

Item #	Account	Fund	Dept./Org.	Program	Project	Amount
1	530201	207	11310	20427		\$ 85,000.00

Comments:

Total\$ 85,000.00

Workers Compensation Insurance is Waived

Proper approvals are required before requisition can be processed.

Suggested Vendor: MIKE LINARES, INC.

Address: P.O. BOX 3913

City, State, Zip Code: SAN CLEMENTE, CA 92672

Phone: 949-608-7263 Fax: _____

Vendor's Contact Person: Mike Linares

Ordered By: _____
Department Director/Authorized Signature

Approved By: _____
Director of Finance/Purchasing Officer

Approved By: _____
City Manager (when required)

PURCHASING DIVISION USE ONLY		
Vendor ID:	Buyer:	Insurance valid thru _____
Ship To/Location:	Due Date:	
Standard Comments: ACC – ALL – ARR – BLA – CON – DCP – DIS – FCA – FCI – FIX – INS – IS – IST – ORG – QTR – REM – SUB – T&C		
FINANCE DEPARTMENT USE ONLY		
Available Appropriation: <input type="checkbox"/> Yes <input type="checkbox"/> No	As of:	Confirmed By: